

EJR
PART B—ISSUE FEE TRANSMITTAL B

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1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)			
Express Mail No.: EM301071704 Mailed: August 17, 1995		INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code			
		<input type="checkbox"/> Check if additional changes are on reverse side			
SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT		DATE MAILED
08/108.036	08/17/93	003	RENNETT, C		3307 06/13/95
First Named Applicant TITLE OF INVENTION	BONATI, ALFRED O. CERVICAL DISCECTOMY INSTRUMENTS (AS AMENDED)				

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3	831.10(3)	604-164.000	M47	UTILITY	NO	\$1210.00	09/13/95

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 Joseph C. Mason, Jr. 2 Ronald E. Smith 3 _____

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BS40045 09/22/95 08108036 13-1992 040 142 1,210.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	
(1) NAME OF ASSIGNEE: B.E.I. Medical	6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____
(2) ADDRESS: (CITY & STATE OR COUNTRY) 83 Hobart Street Hackensack, NJ 07601	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER <u>13-1992</u> (ENCLOSE PART C) <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees _____
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <u>Ronald E. Stt</u> (Date) <u>8/17/95</u> NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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